

**POWER OF ATTORNEY
BY ASSIGNEE**



Attorney Docket	SUN-155P
First Named Inventor	Alan F. Schatzberg
Application Number	09/244,457
Filing Date	February 4, 1999
Examiner Name (Group Art	(1614) Unassigned
Title: <i>Methods for Treating Psychosis Associated With Glucocorticoid Related Dysfunction</i>	

#5
JEL
10/28/99

The Board of Trustees of the Leland Stanford Junior University, assignee of the above-identified application by assignment dated April 15, 1999 and April 16, 1999, hereby appoint:

BOZICEVIC, FIELD & FRANCIS LLP

Name	Registration No.	Name	Registration No.
Karl Bozicevic	28,807	Pamela J. Sherwood	36,677
Bret E. Field	37,620	Dianna L. DeVore	42,484
Carol L. Francis	36,513	Paula A. Borden	42,344

as its attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

DIRECT ALL CORRESPONDENCE TO:

Individual Name	Bret Field		
Firm Name	BOZICEVIC, FIELD & FRANCIS LLP		
Address	285 Hamilton Avenue, Suite 200		
City, State, Zip	Palo Alto, California 94301		
Country	U.S.A.		
Telephone	(650) 327-3400	Facsimile	(650) 327-3231

SIGNATURE of Assignee of Record

In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. **The original assignment is enclosed herewith for recordation in the U.S. Patent Office. {OR} The original Assignment is concurrently being forwarded to the Assignment Branch of the U.S. Patent Office for recordation. {OR} The Assignment was recorded with the U.S. Patent Office on * at Reel , Frames to .**

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

Name and Company	The Board of Trustees of the Leland Stanford Junior University		
Title	Katherine Ku, Director		
Signature		Date	9/20/99

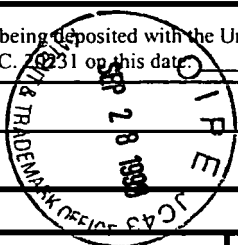
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: _____

Typed or Printed Name _____

Signature _____

Date _____



**REVOCATION OF POWER
OF ATTORNEY OR
AUTHORIZATION OF AGENT**

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First Named Inventor	Alan F. Schatzberg, et al.
Application Number	09/244,457
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Title	<i>Methods for Treating Psychosis.....</i>
Group Art Unit	1614
Examiner Name	Unassigned

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

Individual Name	Bret Field		
Firm Name	BOZICEVIC, FIELD & FRANCIS LLP		
Address	285 Hamilton Avenue, Suite 200		
City, State, Zip	Palo Alto, California 94301		
Country	U.S.A.		
Telephone	(650) 327-3400	Facsimile	(650) 327-3231

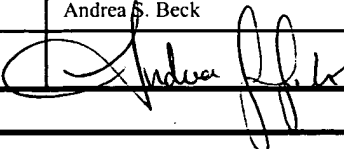
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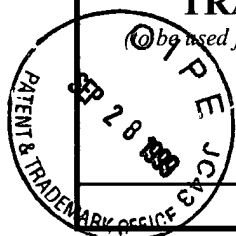
☐ Applicant; or
☒ Assignee of record of the entire interest
(Certificate under 37 CFR 3.73(b) is enclosed.)

SIGNATURE of Applicant or Assignee of Record

Name	Katherine Ku, Director for The Board of Trustees of the Leland Stanford Junior University
Signature	<i>Katherine Ku</i>
Date	9/20/99

Gp 1614

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>September 24, 1999</u>			
Typed or Printed Name	Andrea S. Beck		
Signature		Date	<u>9/24/99</u>

**TRANSMITTAL FORM**

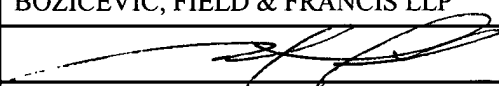
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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Power of Attorney by Assignee <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <u>Return Receipt Postcard</u>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Bret Field	Registration No.	37,620
Firm Name	BOZICEVIC, FIELD & FRANCIS LLP		
Signature			
Date	<u>9.24.99</u>		

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